Best Available Copy Application or Doctor Number									
Effective October 1, 2000							Ð	ාව ව	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE C OR SMALL ENTITY									THAN
(Column 1) (Column 2)							OR	SMALL	ENTITY
OTAL CLAMS				RA	E	FEE		RATE	FEE
FOR	DR MANGER FLED NUMBER EXTRA		REXTRA	SVEX	FEE	355.00	OR	Babic Fee	710.00
TOTAL CHARGEABLE CLAIMS	3 minus 20= * A		7	XS			OR	X\$18-	
INDEPENDENT CLASMS minus 3 = 0		7	X4	_		OR	3080=		
MULTIPLE DEPENDENT CLAIM PRESENT			_			O F			
1 li the Allegane is seleme the less than one outer 90 is seleme 0				+13	5		OR	+270=	
'If the difference in column 1 is less than zero, enter '0' in column 2					AL		OR	TOTAL	710
5/6/64 CLAIMS AS AMENDED - PART II OTHER THAN (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY									
(Column 1)		mn 2) (Cotumn 3)	-		ADDI-	OR	SHALL	ADDI-
Z REMAINING APTER		BER OUSLY	PRESENT	RAT	E	TIONAL		RATE	TIONAL
AMERICAN		FOR		-		FEE			FEE
APTER AMENDMENT Total Independent Independent	Minus	10	\leftarrow	X3:	-		CR	X\$18=	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<u>.</u>		OR	+270=	
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CLAIME		mn 2) (Column 3)	_	_	ADDI-	1		4000
REMANDIS AFTER		ABER CUSLY	PRESENT	RAT	E	TIONAL		RATE	ADDI- TIONAL
AFTER AMENDMENT Total • 1		FOR	-	-		FEE			FEE
Total · · · ·	Minus	2	·/ >	X\$:) =		OR	X\$18=	
15	Mirus ··· \	<u>ي</u>		X40	ø		OR	XB0=	
FIRST PRESENTATION OF M	ULTIPLE DEPERDEN	I CLAIM	للل	+13			_	+270=	
					MI		OR	TOTAL	$\vdash \rightarrow$
2/14/26	160		STATE AND	ADOIT.		•	OR	ADDIT, FEE	 _
(Column 1)		HEST	Column 3)					F	
C REMAINING AFTER	NUM	GER IOUSLY	PRESENT EXTRA	RAT	F	ADDI- TIONAL		RATE	ADOI- TIONAL
AMENDMENT	PAE	POR	· · · · · ·			FEE			FEE
Todas · 13		2 0	•	XS:)		OR	X\$18-	7 .
REMAINING AFTER AMERICADENT Tithal • /3 Independent • /	Minus	3	•	X40			OR	X60-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									
" If the entry in column 1 is less than	the entry in culture 9 and	ba Tif ka carbo	mo 2	+13	i- NAL		OR	+270-	
" If the "Fighest Number Previously Pold For" IN THES SPACE to less than 50, enter "20." The "Righest Number Previously Pold For" IN THES SPACE to less than 2, enter "3." ADD							OR	ADDIT. FEE	
The Mighest Municus Plant For (Retal or Independent) to the Highest number found in the appropriate box in column 1.									

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Decider Municipal Application of the Control of the Substitute for Form PTO-875 CLAIMS AS FILED - PART 1 . (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED BASIC FEE (37 CFR 1 16(a)) MUMBER EXTRA RATE FEE RATE ÆF TOTAL CLAIMS OR_ (37 CFR 1.15(c)) minus 20 s INDEPENDENT CLAIMS OR (37 CFR : 16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) OTHER THAN (Cotumn 3) SMALL ENTITY OR CLAIMS SMALL ENTITY HIGHEST REMAINING ENT NUMBER PRESENT RATE AFTER ADO: PREVIOUSLY **EXTRA** RATE ADDI-AMENDMENT TIONAL PAID FOR TIONAL ENDMI Yota! FEC Minus .ee OR Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(4)) OR OR TOTAL LATOI ADD'L FEE OR ADOLFEE (1 nmater) (Column 2) (Column 3) CLAIMS 8 HIGHEST FEVAINING NUMBER PRESENT RATE 11700 400÷ PREVIOUSLY EXTRA RATE ALC: MEMORIDMENT M TIONAL PAO FOR TIONAL Total FEE Minus END EEE Incependent (37 CFR 1.1600) Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.16(d)) OR X S + 5 OR TOTAL TOTAL ADD'L FEF OR ADD'L FFF (Column 1) (Cotumn 2) CLAIMS \mathbf{o} HIGHEST REMAINING NUMBER ENT PRESENT AFTER RATE ADDI-PREVIOUSLY RATE **EXTRA** ADOL THEMOVEMA TIONAL PAID FOR TIONAL ENDM Total FEE Minus (27 OFR 1.14(c) FEE X S Minus OR ₹ = X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(4)) OR X S OR TOTAL

about FEE OR About FEE

of the entry in column 1 is less than the entry in column 2, write "of in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the user) or process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and authiting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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